STERLING THOMPSON EQUINE

INSURANCE SINCE 1937

NAME OF INSURED: _____

HORSE #	*Name of Horse:*	*Age*	Sex	*Breed*	*Use*
1.					
2.					
3.					
4.					

*Answer **Yes** or **No** to the following questions for each horse listed above:*		*#1*	*#2*	*#3*	*#4*
1	Does horse receive quarterly deworming?				
2	Does horse receive all annual and semiannual vaccinations as recommended by your vet?				
3	Are there currently any health or lameness issues?				
4	Has the horse been nerved or had any surgical treatment for lameness?				
5	Has the horse been examined or treated by a veterinarian other than routine care in the last 12 months?				
6	Has the horse had colic or any intestinal disorders in the last 12 months?				
7	Has the horse ever had colic surgery?				
8	Has the horse ever been treated for navicular disease, arthritis or degenerative joint disease?				
9	If horse is a mare, has she ever had any foaling complications?				

If 'Yes' was answered to any of the question(s) numbered 3 through 9 please provide details:_____

_____

_____

I declare to the best of my knowledge that the horses named above are currently and have been in sound health and free from any injury, illness, disease or disability of any kind. If this is a renewal of my policy coverage, I declare that during the previous policy year the horse(s) listed above have been free from any injury, illness, disease or disability of any kind.

I UNDERSTAND THAT MY STATEMENT AND ANY INSURANCE THAT MAY BE ISSUED AS THE RESULT OF THIS STATEMENT MAY BECOME NULL AND VOID IN THE EVENT THAT I HAVE MISREPRESENTED, CONCEALED OR OMITTED ANY MATERIAL FACT.

X_____ _____

Signature of Applicant *Date*

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